

Declaration For Patent Application

特許出願宣言書

Japanese Language Declaration

日本語宣言書

下記の氏名の発明者として、私は以下の通り宣言します。

下記の名称の発明に関して請求範囲に記載され、特許出願している発明内容について、私が最初かつ唯一の発明者（下記の氏名が一つの場合）もしくは最初かつ共同発明者（下記の名称が複数の場合）であると信じています。

上記発明の明細書は、

☐ 本書に添付されています。

☐ _____ 月 _____ 日に提出され、米国出願番号または特

許協定条約国際出願番号を

_____ とし、

(該当する場合) _____ に訂正されました。

私は、特許請求範囲を含む上記訂正後の明細書を検討し、内容を理解していることをここに表明します。

私は、連邦規則法典第 37 編第 1 条 56 項に定義されるとおり、特許資格の有無について重要な情報を開示する義務があることを認めます。継続願書一部分を含む資料案内は前回の願書記入日から、米国願書または国際特許協定条約継続願書記入日の間に入手できます。

As a below-named inventor, I hereby declare that:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.

MEDICINAL COMPOSITION

the specification of which

☐ is attached hereto.

☒ was filed on September 17, 2003

as United States Application Number or PCT
International Application Number

PCT/JP03/11847 and was amended on

_____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

Japanese Language Declaration (日本語宣言書)

私は、私自身の知識に基づいて本宣言書中で私が行なう表明が真実であり、かつ私の入手した情報と私の信じているところに基づく表明が全て真実であると信じていること、さらに故意になされた虚偽の表明及びそれと同等の行為は米国法典第18編第1001条に基づき、罰金または拘禁、もしくはその両方により処罰されること、そしてそのような故意による虚偽の声明を行なえば、出願した、又は既に許可された特許の有効性が失われることを認識し、よってここに上記のごとく宣誓を致します。

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

単独発明者または第 1 の共同発明者の氏名	Full name of sole or first inventor Kaname KAWASUGI
発明者の署名 日付	Inventor's signature Date <i>Kaname Kawasugi</i> Feb 26, 2006
国籍	Citizenship Japanese

**CASE SPECIFIC POWER OF ATTORNEY WHERE MULTIPLE ASSIGNEES
ARE PRESENT OR IF THERE IS NO ASSIGNEE**

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Kaname KAWASUGI
	Title: MEDICINAL COMPOSITION	
	Attorney Docket Number: 287593US0PCT	

I hereby appoint:			
<input checked="" type="checkbox"/> Practitioners associated with the Customer Number	<div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 24px;">22850</div>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.			
Please recognize or change the correspondence address for the above-identified application to:			
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number.			
I am the:			
<input checked="" type="checkbox"/> Inventor.			
SIGNATURE OF INVENTOR			
Signature	<i>Kaname Kawasugi</i>		
Name	Kaname KAWASUGI	Telephone	
Date	February 26, 2006		
* NOTE: Signatures of all the inventors are required. Total of _____ forms are submitted.			

**THIS FORM IS USED FOR PATENT APPLICATIONS HAVING MULTIPLE ASSIGNEES
OR IF THERE IS NO ASSIGNEE**